



PROVIDER Bulletin



September 16, 2024

This Provider Bulletin applies to the lines of business and provider types checked below:

- PHP (Medicare)
 Primary Care Physicians
 Specialists
 PHC (Medicaid)
 Hospitals
 Ancillary
 AHF Grants

Discontinued Claims Address

Effective August 1, 2024, PHP and PHC California Plans have **discontinued** use of the following mailing address: **Claims P.O. Box 472377 Aurora, CO 80047.**

For all claim matters including professional, institutional, and dental claim submissions, please submit claims electronically via Change Healthcare:

- PHP Payor ID: 95411
- PHC California Payor ID: 95422
- Ryan White Grants ID: 95433

We strongly encourage all providers to submit their claims electronically to expediate your claims payment. Please ensure that Protected Health Information (PHI) is sent to the Plans via secured/encrypted submissions.

Claims payment disputes, appeals, and supporting documentation such as copies of medical records, authorization forms, or other documents can be submitted via fax at **(888) 235-9274.**

Contracted providers are required to submit claims in accordance with the timeliness provisions set forth in the provider’s contract and/or by applicable State Law.

Claim Topic	PHI must be securely sent to the Plan	
Claims Status Portal	https://www.ahfwebapplication.org/MemberEligibility/Account/Login	
Claim Disputes (Submit/Inquiry)	Claims@positivehealthcare.org DO NOT SEND PHI	Call: (888) 662-0626 Fax (888) 235-9274
Claims Inquiry	Claims@positivehealthcare.org DO NOT SEND PHI	Call: (888) 662-0626 Fax (888) 235-9274

Monday through Friday, 8:30 a.m. – 5:30 p.m. PST. Closed weekends and holidays.

Thank you for being a participating provider of PHP/PHC California.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP, or PHC California. If you have any questions, contact the Provider Relations Department via email at CAPR@aidshhealth.org